**CDP Research Update -- April 7, 2016**

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- Examining Active Theater and Clinical Outcomes as Indicators of mild TBI in Post-Deployed Veterans vs. Civilians at No-Risk for mild TBI: A Longitudinal Evaluation.
- Links of Interest
- Resource of the Week -- Essential Skills Veterans Gain During Professional Military Training: A Resource for Veterans and Transitioning Service Members (RAND Corporation)

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http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10260981

**Does a therapist's reflective ability predict the accuracy of their self-evaluation of competence in cognitive behavioural therapy?**

Maria E. Loades and Pamela J. Myles

The Cognitive Behaviour Therapist
Vol 9, 2016
doi:10.1017/S1754470X16000027

Accurately evaluating how competently one is performing can be a precursor to seeking training and supervision, therefore contributing to safe, effective practice. Little is known about what predicts accurate self-evaluation. Prior research findings are inconsistent, with overestimation of self-rated competence in some studies and underestimation in others. We aimed to explore the relationship between therapists' reflective ability and the level of agreement between self-rated competence and competence rated by an experienced CBT assessor. Thirteen trainees undertaking a postgraduate CBT diploma submitted a series of recordings accompanied by self-ratings using the Cognitive Therapy Scale – Revised (CTS-R) and related written reflective analyses. Independent assessors marked the written analyses using a standardized marking scheme and rated the therapy sessions using the CTS-R. Trainees tended to overestimate or underestimate their competence in comparison to the independent assessors. The level of agreement between the assessors' ratings and self-evaluation of competence tended to improve during training, while reflective ability did not. Reflective ability was significantly related to level of agreement between self-rated and assessor-rated competence. Trainees do not consistently demonstrate the bias for overestimating their competence previously found in qualified therapists. During training, the tendency of an individual to over- or underestimate their competence may not remain stable, but tends to become more consistent with ratings undertaken by an experienced CBT assessor. Trainees who were rated as more reflective, tended to agree more closely with independent assessors on evaluation of competence. Therefore, enhancing reflective ability may help therapists to more accurately self-evaluate their competence.

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http://www.sciencedirect.com/science/article/pii/S1697260016300011

**Predictors of depression severity in a treatment-seeking sample.**

Derek Richards, Thomas Richardson, Ladislav Timulak, Noemi Viganò, Jacqueline Mooney, Gavin Doherty, Claire Hayes, John Sharry

International Journal of Clinical and Health Psychology
Available online 27 March 2016
doi:10.1016/j.ijchp.2016.02.001

Background/Objective:
Depression is a common mental health disorder and an emerging public health concern. Few studies have investigated prevalence and predictors of depression severity in the Irish context. To investigate the relative contribution of known risk factors that predicts depression severity in a treatment-seeking sample of adults in Ireland.

Method:
As part of a randomised controlled trial of an internet-delivered intervention for depression participants (N = 641) completed online screening questionnaires including BDI-II and information associated with common predictors of depression.

Results:
The mean score on the BDI-II was 24.13 (SD = 11.20). Several factors were shown to predict greater severity of depression in the sample including female gender, younger age, unemployment, being single or partnered as opposed to married, previous diagnosis of depression, recent experience of life stressors. Alcohol use, recent losses, knowing a suicide completer, education level, type of employment and income level were not found to be significant.

Conclusions:
The study contributes to the profiling of the incidence and predictors of severity of depression in an Irish context. The results confirm some of the known risk factors and highlight the need for further research to be carried out on screening for depression and increasing access to interventions.

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http://online.liebertpub.com/doi/full/10.1089/jwh.2014.5078

**Gender Differences in Posttraumatic Stress Disorder and Help Seeking in the U.S. Army.**

Hourani Laurel, Williams Jason, Bray Robert M., Wilk Joshua E., and Hoge Charles W.

Journal of Women's Health
January 2016, 25(1): 22-31. doi:10.1089/jwh.2014.5078.

Background:
Inconsistent findings between studies of gender differences in mental health outcomes in military samples have left open questions of differential prevalence in posttraumatic stress disorder (PTSD) among all United States Army soldiers and in differential psychosocial and comorbid risk and protective factor profiles and their association with receipt of treatment.

Methods:
This study assesses the prevalence and risk factors of screening positive for PTSD for men and women based on two large, population-based Army samples obtained as part of the 2005 and 2008 U.S. Department of Defense Surveys of Health Related Behaviors among Active Duty Military Personnel.

Results:
The study showed that overall rates of PTSD, as measured by several cutoffs of the PTSD Checklist, are similar between active duty men and women, with rates increasing in both men and women between the two study time points. Depression and problem alcohol use were strongly associated with a positive PTSD screen in both genders, and combat exposure was significantly associated with a positive PTSD screen in men. Overall, active duty men and women who met criteria for PTSD were equally likely to receive mental health counseling or treatment, though gender differences in treatment receipt varied by age, race, social support (presence of spouse at duty station), history of sexual abuse, illness, depression, alcohol use, and combat exposure.

Conclusions:
The study demonstrates that the prevalence of PTSD as well as the overall utilization of mental health services is similar for active duty men compared with women. However, there are significant gender differences in predictors of positive PTSD screens and receipt of PTSD treatment.

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http://onlinelibrary.wiley.com/doi/10.1111/head.12799/abstract

**Neuropsychiatric Predictors of Post-Injury Headache After Mild-Moderate Traumatic Brain Injury in Veterans.**

Bomyea, J., Lang, A. J., Delano-Wood, L., Jak, A., Hanson, K. L., Sorg, S., Clark, A. L. and Schiehser, D. M.

Headache: The Journal of Head and Face Pain
Article first published online: 29 MAR 2016
DOI: 10.1111/head.12799

Objectives
To determine differences in neuropsychiatric complaints between Veterans with mild to moderate traumatic brain injury (TBI), with and without headache, compared with Veteran controls, and to identify neuropsychiatric predictors of headache severity.

Background
Mild to moderate TBI is a common occurrence in Veterans, and is frequently associated with complaints of headache. Neuropsychiatric complaints are also common among individuals who have sustained head injury, although the relationship between these factors and headache after injury is unclear. Research is needed to comprehensively determine differences between individuals with mild to moderate traumatic brain injury who differ with respect to headache, and which injury, psychological, or sleep and fatigue factors predict headache severity.

Methods
A cross-sectional study compared 85 Veterans in three groups (positive for TBI and headache, positive for TBI without significant headache, and a control group) on a set of injury characteristics and neuropsychiatric variables. Correlates of headache severity were examined, and a regression model was used to identify significant independent predictors of headache severity.

Results
Individuals with mild to moderate TBI and headache endorsed significantly greater neuropsychiatric symptoms than participants in the other groups ($\eta p2 = .23-.36$) Neuropsychiatric complaints, as well as presence of posttraumatic amnesia, were correlated with headache in the subsample with TBI ($rs = .44-.57$). When entering all predictors into a regression model, only fatigue represented a significant independent predictor of headache severity ($\beta = .59$, $R2 = .35$).

Conclusions
Rather than being a global risk factor, mild to moderate TBI was associated with poorer mental health outcomes, particularly for those who endorse headache. Findings underscore the possibility that Veterans with history of TBI who present with complaints of headache may represent a particularly vulnerable subgroup. Additionally, our findings suggest that clinical outcomes may be improved in those with neurotrauma by incorporating a focus on fatigue in treatment.

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https://intqhc.oxfordjournals.org/content/early/2016/03/29/intqhc.mzw028

**Qualitative analysis of US Department of veterans affairs mental health clinician perspectives on patient-centered care.**

Steven K. Dobscha, Risa Cromer, Aysha Crain, Lauren M. Denneson

International Journal for Quality in Health Care
First published online: 29 March 2016
DOI: http://dx.doi.org/10.1093/intqhc/mzw028 mzw028

Objective
Enhanced patient involvement in care has the potential to improve patient experiences and health outcomes. As such, large national and global healthcare systems and organizations, including the US Department of Veterans Affairs (VA), have made patient-centered care a primary goal. Little is known about mental health clinician perspectives on, and experiences with, providing patient-centered care. Our main objective was to better understand VA mental health clinicians' perceptions of patient-centered care, and ascertain possible facilitators and barriers to patient-centered practices in mental health settings.

Design
Qualitative study of six focus groups conducted in late 2013.

Setting and participants
Thirty-five mental health clinicians and staff from a large VA Medical Center.

Outcomes
Transcripts were analyzed using an inductive and deductive thematic analysis approach.

Results
Participants described patient-centered care ideally as a process of shared discovery, and expressed general enthusiasm for patient-centered care. Participants described several ongoing patient-centered care practices but conveyed concerns about the practicalities of its full implementation. Participants expressed a strong desire to change the current biomedical culture and policies of the institution that may hinder clinicians' flexibility and clinician–clinician collaboration when serving patients. In particular, clinicians worried about being held responsible for addressing all of the needs or goals that a patient may identify.

Conclusions
If patient-centered care is to be practiced fully in mental health settings, healthcare institutions need to develop multimodal strategies to enhance clinician–clinician and clinician–patient collaborations to promote and support a focus on discovery and shared accountability for outcomes.

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http://pubs.rsna.org/doi/full/10.1148/radiol.2016151013

**Combat-related Mild Traumatic Brain Injury: Association between Baseline Diffusion-Tensor Imaging Findings and Long-term Outcomes.**

Jeffrey B. Ware, MD , Rosette C. Biester, PhD , Elizabeth Whipple, MS , Keith M. Robinson, MD, Richard J. Ross, MD, PhD , Paolo G. Nucifora, MD, PhD

RSNA Radiology
DOI: http://dx.doi.org/10.1148/radiol.2016151013

Mild traumatic brain injury (TBI) is a public health problem of increasingly recognized importance, particularly among current military veterans. As defined by the Department of Defense (1), mild TBI in veterans refers to a head injury with temporary mental alteration and/or loss of consciousness, with normal findings at conventional neurologic imaging. During the past 2 decades there has been a dramatic increase in the incidence of combat-related mild TBI among U.S. veterans of military operations in Iraq and Afghanistan, the prevalence of which is now reported to be as high as 20% (2). Mild TBI in Operation Iraqi Freedom and Operation

Enduring Freedom veterans is primarily caused by blast injuries induced by improvised explosive devices, which are frequently used in modern combat (3). Consequently, mild TBI has become known as the “signature injury” of post-9/11 warfare. Although resolution of posttraumatic symptoms occurs within 3 months in most cases, as many as 25% of individuals with mild TBI will experience chronic physical, cognitive, and affective symptoms (4,5). Furthermore, veterans who have sustained mild TBI are at increased risk of comorbid psychiatric disorders (6), occupational impairment (7), and high levels of health care resource utilization (8,9).

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http://www.sciencedirect.com/science/article/pii/S1936657416300371

**Understanding Military Families Who Have Dependents with Special Health Care and/or Educational Needs.**

Keith R. Aronson, Sandee J. Kyler, Jeremy D. Moeller, Daniel F. Perkins

Disability and Health Journal
Available online 28 March 2016
doi:10.1016/j.dhjo.2016.03.002

Background
Little is known about military families who have a dependent with special health care and/or educational needs. The Exceptional Family Member Program (EFMP) is designed to link these families to military/community support services through family support provider (FS providers).

Objective
The aim of this study was to understand FS providers’ perspectives on the kinds of current challenges the families with whom they work face. This is the first study to ascertain the perspectives of professionals FS providers.

Methods
FS providers (N = 160) completed a survey either on the phone or via the web. The survey consisted of four areas regarding EFMP: (1) background information; (2) caseload and work composition; (3) perceptions of Military Family needs; and (4) adequacy of community support services.

Results
The most commonly encountered diagnoses in military families were Autism (94%) and Attention-Deficit Hyperactivity Disorder (93%). Between 80% and 90% of FS providers reported working with families dealing with Emotional/Behavioral Disorders, Speech & Language Disorders, Asthma, Developmental Delays, and Mental Health Problems. FS providers noted that relocations are particularly challenging for military families in the EFMP.

Conclusions
Training and programming of social service professionals working with military families who have a dependent with special health care and/or educational needs should focus on commonly occurring challenges seen in this population. As much as possible, FS providers should be familiar with evidence-based programs and practices designed to address these pressing problems. The process and execution of relocations should be streamlined so as to enhance continuity of care.

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http://link.springer.com/article/10.1007/s10608-016-9770-4

**Identifying Patterns and Predictors of PTSD and Depressive Symptom Change During Cognitive Processing Therapy.**

Tara E. Galovski, Juliette M. Harik, Leah M. Blain, Courtney Farmer, Dana Turner, Tim Houle

Cognitive Therapy and Research
First online: 26 March 2016
DOI 10.1007/s10608-016-9770-4

This study sought to identify specific trajectories of posttraumatic stress disorder (PTSD) and depression symptom change (and the relationship thereof) within a variable length course of cognitive processing therapy (CPT). Clinical characteristics, including initial severity of PTSD and depressive symptoms and characterological features consistent with personality disorder diagnoses, were examined as potential predictors of treatment response trajectory. Male and female interpersonal violence survivors (N = 69) with PTSD were treated with a modified form of CPT wherein treatment end was dictated by individual course of recovery (4–18 sessions). Latent class growth analysis and Bayesian information criteria revealed three distinct groups based on change patterns (partial responders, consistent responders, and initial responders). Baseline PTSD and depressive symptoms and characterological features were associated with patterns of change. Findings provide evidence for variability in efficiency of response to PTSD treatment and highlight the need for continued assessment of progress to inform the course of therapy.

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http://www.sciencedirect.com/science/article/pii/S0272735815300623

**Effectiveness of online mindfulness-based interventions in improving mental health: A review and meta-analysis of randomised controlled trials.**

M.P.J. Spijkerman, W.T.M. Pots, E.T. Bohlmeijer

Clinical Psychology Review
Available online 1 April 2016
doi:10.1016/j.cpr.2016.03.009

Mindfulness-based interventions (MBIs) are increasingly being delivered through the Internet. Whereas numerous meta-analyses have investigated the effectiveness of face-to-face MBIs in the context of mental health and well-being, thus far a quantitative synthesis of the effectiveness of online MBIs is lacking. The aim of this meta-analysis was to estimate the overall effects of online MBIs on mental health. Fifteen randomised controlled trials were included in this study. A random effects model was used to compute pre-post between-group effect sizes, and the study quality of each of the included trials was rated. Results showed that online MBIs have a small but significant beneficial impact on depression (g = 0.29), anxiety (g = 0.22), well-being (g = 0.23) and mindfulness (g = 0.32). The largest effect was found for stress, with a moderate effect size (g = 0.51). For stress and mindfulness, exploratory subgroup analyses demonstrated significantly higher effect sizes for guided online MBIs than for unguided online MBIs. In addition, meta-regression analysis showed that effect sizes for stress were significantly moderated by the number of intervention sessions. Effect sizes, however, were not significantly related to study quality. The findings indicate that online MBIs have potential to contribute to improving mental health outcomes, particularly stress. Limitations, directions for future research and practical implications are discussed.

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http://onlinelibrary.wiley.com/doi/10.1002/da.22496/abstract

**Morbid thoughts and suicidal ideation in iraq war veterans: the role of direct and indirect killing in combat.**

Kline, A., Weiner, M. D., Interian, A., Shcherbakov, A. and St. Hill, L.

Depression and Anxiety
Article first published online: 31 MAR 2016
DOI: 10.1002/da.22496

Background
Although research has identified numerous risk factors for military suicide, the contribution of combat exposure to suicide risk has not been clearly established. Previous studies finding no association of suicidality with combat exposure have employed overgeneral measures of exposure, which do not differentiate among the varieties of combat experiences. This study disaggregated the forms of combat exposure to assess the contribution of combat-related killing to morbid thoughts and suicidal ideation (MTSI) in National Guard troops deployed to Iraq.

Methods
We conducted parallel analyses of two related samples: a cross-sectional sample (n = 1,665) having postdeployment interview data only and a longitudinal subsample (n = 922) having pre- and postdeployment data. We used multiple logistic regression to examine the role of killing-related exposures, after controlling for general combat and other suicide risks, and examined interactions between killing and other suicide vulnerability factors.

Results
Killing-related exposure approximately doubled the risk of MTSI in the cross-sectional multivariate model (Adjusted Odds Ratio [AOR] = 1.87; CI = 1.26–2.78) and the longitudinal model (AOR = 2.02; CI = 1.06–3.85), which also controlled for predeployment risks. Killing exposures further increased the MTSI risk associated with other suicide vulnerability factors, including depression (AOR = 14.89 for depression and killing vs. AOR = 9.92 for depression alone), alcohol dependence (AOR = 5.63 for alcohol and killing vs. 1.91 for alcohol alone), and readjustment stress (AOR = 4.90 for stress and killing vs. 1.48 for stress alone). General combat exposure had no comparable effects.

Conclusions
The findings underscore a need for assessment and treatment protocols that address the psychological effects of killing-related and other potentially “morally injurious” experiences among combat soldiers.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500120

**Predictors of Antidepressant Nonadherence Among Older Veterans With Depression.**

Helen C. Kales, M.D., Janet Kavanagh, M.S., Claire Chiang, Ph.D., H. Myra Kim, Sc.D., Tiffany Bishop, B.S., Marcia Valenstein, M.D., M.S., Frederic C. Blow, Ph.D.

Psychiatric Services
Accepted: November 23, 2015
http://dx.doi.org/10.1176/appi.ps.201500120

Objective:
Most depression among older adults is treated in primary care, and many patients do not adhere to medication treatment. The U.S. Department of Veterans Affairs (VA) has recently introduced initiatives to address such treatment gaps. This study examined patient-reported antidepressant nonadherence during the acute treatment period (first four months after a prescription) and identified predictors of nonadherence in a sample of older veterans.

Methods:
This was a prospective, observational study of 311 participants ages 60 and older who received

care at three VA medical centers and who had a diagnosis of clinically significant depression and were given a new outpatient antidepressant prescription. Participants completed an initial interview and a follow-up interview at four months after treatment recommendation. Antidepressant adherence was measured with a well-validated self-report measure.

Results:
At four months, 29% of participants reported nonadherence to their antidepressant medication. In unadjusted analyses, nonadherence was significantly associated with being African American, having no spouse or significant other, having greater general medical comorbidity, and receiving the prescription in a primary care setting (versus a specialty mental health setting). In logistic regression models controlling for several variables (demographic, illness, and functional status variables; type of antidepressant; contact with a therapist; medical setting; and site of recruitment), two predictors remained significantly associated with nonadherence: African-American race (odds ratio [OR]=4.23, p<.001) and general medical comorbidity (OR=1.33, p=.002).

Conclusions:
The two main predictors of nonadherence among older adults with depression were African-American race and general medical comorbidity. Results suggest that significant needs remain for important patient subgroups to improve antidepressant adherence.

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http://onlinelibrary.wiley.com/doi/10.1002/da.22481/abstract

**Altered default mode network (DMN) resting state functional connectivity following a mindfulness-based exposure therapy for posttraumatic stress disorder (PTSD) in combat Veterans of Afghanistan and Iraq.**

King, A. P., Block, S. R., Sripada, R. K., Rauch, S., Giardino, N., Favorite, T., Angstadt, M., Kessler, D., Welsh, R. and Liberzon, I.

Depression and Anxiety
Volume 33, Issue 4, pages 289–299, April 2016
DOI: 10.1002/da.22481

Background
Recent studies suggest that mindfulness may be an effective component for posttraumatic stress disorder (PTSD) treatment. Mindfulness involves practice in volitional shifting of attention from “mind wandering” to present-moment attention to sensations, and cultivating acceptance. We examined potential neural correlates of mindfulness training using a novel group therapy (mindfulness-based exposure therapy (MBET)) in combat veterans with PTSD deployed to Afghanistan (OEF) and/or Iraq (OIF).

Methods
Twenty-three male OEF/OIF combat veterans with PTSD were treated with a mindfulness-based intervention (N = 14) or an active control group therapy (present-centered group therapy (PCGT), N = 9). Pre-post therapy functional magnetic resonance imaging (fMRI, 3 T) examined resting-state functional connectivity (rsFC) in default mode network (DMN) using posterior cingulate cortex (PCC) and ventral medial prefrontal cortex (vmPFC) seeds, and salience network (SN) with anatomical amygdala seeds. PTSD symptoms were assessed at pre- and posttherapy with Clinician Administered PTSD Scale (CAPS).

Results
Patients treated with MBET had reduced PTSD symptoms (effect size d = 0.92) but effect was not significantly different from PCGT (d = 0.46). Increased DMN rsFC (PCC seed) with dorsolateral dorsolateral prefrontal cortex (DLPFC) regions and dorsal anterior cingulate cortex (ACC) regions associated with executive control was seen following MBET. A group × time interaction found MBET showed increased connectivity with DLPFC and dorsal ACC following therapy; PCC–DLPFC connectivity was correlated with improvement in PTSD avoidant and hyperarousal symptoms.

Conclusions
Increased connectivity between DMN and executive control regions following mindfulness training could underlie increased capacity for volitional shifting of attention. The increased PCC–DLPFC rsFC following MBET was related to PTSD symptom improvement, pointing to a potential therapeutic mechanism of mindfulness-based therapies.

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http://www.tandfonline.com/doi/full/10.1080/15325024.2015.1117930

**I Am > Trauma: Experimentally Reducing Event Centrality and PTSD Symptoms in a Clinical Trial.**

Adriel Boals , Amy R. Murrell

Journal of Loss and Trauma
Published online: 12 Jan 2016
DOI:10.1080/15325024.2015.1117930

Event centrality has been one of the strongest predictors of PTSD symptoms. We attempted to experimentally reduce event centrality using a modified version of Acceptance and Commitment Therapy (ACT) in a sample of traumatized participants from a community outreach center. Relative to a control group, participants who received ACT evidenced significant decreases in PTSD symptoms, depression, and event centrality. A mediation analysis revealed that the effect of condition on PTSD symptoms was mediated by decreases in event centrality. Only the effect of condition on depression was still significant at six weeks posttreatment. This study is the first

to manipulate event centrality and suggests that components of ACT may be effective at reducing event centrality.

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http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1153534

**The Experiences of Families and Children of Ill and Injured Canadian Armed Forces Members: Perspectives from Parents and Service Providers.**

Krystal Hacheya

Military Behavioral Health
Published online: 16 Mar 2016
DOI:10.1080/21635781.2016.1153534

Above and beyond the stressors associated with military life (e.g., deployment), having a parent who is an ill or injured military member can also impact children's health and well-being. Programs that help foster resilience can provide military families the necessary coping skills to face these stressors. The purpose of this study was to examine the experiences and care involved for children and families of ill and injured Canadian Armed Forces members through the perspective of parents and service providers. A total of 14 parents from 11 bases participated in interviews. In addition, 28 service providers from Military Family Resource Centres, which provide resilience-based programs to families, participated in focus groups, an interview, or filled out a questionnaire. This study provides two unique perspectives of children of ill and injured members, with potential use for future studies and educational programs provided by military family services.

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http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1153538

**Association of Combat Experiences with Post-Traumatic Stress Disorder Among Canadian Military Personnel Deployed in Support of the Mission in Afghanistan.**

Kimberley Watkins , Kerry Sudom , Mark Zamorski

Military Behavioral Health
Published online: 22 Feb 2016
DOI:10.1080/21635781.2016.1153538

Understanding the contribution of specific combat experiences to postdeployment post-traumatic stress disorder (PTSD) may inform preventive and therapeutic interventions. This study investigated the associations of combat experiences with PTSD among Canadian military

personnel after return from deployment to Afghanistan. Most experiences had positive associations with PTSD, but shooting, calling in fire, and clearing buildings had negative associations. The items most strongly associated with PTSD were those that were uncommonly experienced, might not be expected, and involved some measure of interpretation or violation of one's morality. These are potential targets for pre- and posttrauma interventions with military personnel.

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http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1153536

**Predictors of Inpatient PTSD Treatment Noncompletion Among OEF/OIF/OND Veterans.**

Derek D. Szafranski , Alexander M. Talkovsky , Tannah E. Little , Deleene S. Menefee , Jill L. Wanner , Daniel F. Gros , Peter J. Norton

Military Behavioral Health
Published online: 17 Feb 2016
DOI:10.1080/21635781.2016.1153536

Veterans returning from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) display high rates of noncompletion from post-traumatic stress disorder (PTSD) treatment. The present study included 282 male OEF/OIF/OND veterans and examined predictors of noncompletion from inpatient evidence-based treatment (EBT) for PTSD. Logistic regression analyses identified younger age, higher military rank, less improvement in symptom reduction, less improvement in overall functioning, and greater concurrent drug use at admission as significant and unique predictors of noncompletion. Overall, these findings reveal clinically relevant predictors of noncompletion and provide information that may increase PTSD treatment completion.

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http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1153537

**Female Veterans Who Died by Suicide: Qualitative Analysis of Medical Records.**

Lauren M. Denneson , Risa Cromer , Laura E. Jacobson , Alan Teo , Steven K. Dobscha

Military Behavioral Health
Published online: 17 Feb 2016
DOI:10.1080/21635781.2016.1153537

The suicide rate among female veterans increased 40% between 2000 and 2010, yet very little research has examined the unique psychosocial and health needs of veteran women at high

risk for suicide. We describe female veterans' psychosocial experiences, primary health concerns, and health care received prior to suicide to identify areas for future efforts to improve care and reduce suicide in this population. We conducted a qualitative analysis of the Veterans Affairs (VA) health care records of 27 female veterans, drawn from 11 states, during the six months prior to suicide. The women were mostly White, non-Hispanic, and not married, with an average age of 44 (range 26 to 67). We identified several common experiences: non-military-related trauma, lack of supportive relationships, substance use disorders, and prescription of multiple sedatives. We also observed that communication between patients and clinicians may have been insufficient, resulting in undetected or unmet needs. The findings call for additional research to better understand the frequency and impact of these experiences for women veterans and suggest that enhancing patient-centered and trauma-sensitive care, as well as improving outreach and continuity in care, may reduce instances of unmet needs.

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http://ccs.sagepub.com/content/early/2016/03/29/1534650116641214.abstract

**The Use of Both Prolonged Exposure and Cognitive Processing Therapy in the Treatment of a Person With PTSD, Multiple Traumas, Depression, and Suicidality.**

Kayla K. Gurak, Blanche Freund, and Gail Ironson

Clinical Case Studies
First published on April 1, 2016
doi:10.1177/1534650116641214

Despite a high prevalence of comorbid disorders such as major depressive disorder (MDD), the empirical guidelines for how to manage co-occurring conditions in the treatment of posttraumatic stress disorder (PTSD) are lacking. In the context of a complicated presentation of PTSD, this case illustration demonstrates the application of an integrated treatment approach with "Amanda," a 28-year-old female with a history of multiple traumas, undiagnosed PTSD for 10 years, and comorbid MDD. In addition, Amanda began having suicidal thoughts mid-treatment. This case study demonstrates how the integration of coping skills training and cognitive processing therapy, in conjunction with prolonged exposure, helped Amanda successfully complete treatment and be able to discuss her traumatic events with minimal distress. At discharge, Amanda no longer met criteria for PTSD, had experienced significant improvements in depression and anxiety symptoms, and was no longer experiencing suicidal thoughts. These improvements were maintained at both 3 and 6 months post treatment.

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http://online.liebertpub.com/doi/pdfplus/10.1089/jcr.2015.0033

# A Review of Energy Drinks and Mental Health, with a Focus on Stress, Anxiety, and Depression.

Gareth Richards and Andrew P. Smith

JOURNAL OF CAFFEINE RESEARCH
Volume 6, Number 2, 2016
Mary Ann Liebert, Inc.
DOI: 10.1089/jcr.2015.0033

Background:
Concerns have been expressed regarding the potential for caffeinated energy drinks to negatively affect mental health, and particularly so in young consumers at whom they are often targeted. The products are frequently marketed with declarations of increasing mental and physical energy, providing a short- term boost to mood and performance. Although a certain amount of evidence has accumulated to substantiate some of these claims, the chronic effects of energy drinks on mental health also need to be addressed.

Methods:
To review the relevant literature, PubMed and PsycINFO were searched for all peer-reviewed articles published in English that addressed associations between energy drink use and mental health outcomes. Case reports were also considered, though empirical studies investigating acute mood effects were excluded as a review of such articles had recently been published. Fifty-six articles were retrieved: 20 of these (along with eight more identified through other means) were included in the current review, and, because the majority addressed aspects of stress, anxiety, and depression, particular focus was placed on these outcomes. Results:
Though a number of null findings (and one negative relationship) were observed, the majority of studies examined reported positive associations between energy drink consumption and symptoms of mental health problems.

Conclusions:
Though the findings imply that energy drink use may increase the risk of undesirable mental health outcomes, the majority of research examined utilized cross-sectional designs. In most cases, it was therefore not possible to determine causation or direction of effect. For this reason, longitudinal and intervention studies are required to increase our understanding of the nature of the relationships observed.

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http://onlinelibrary.wiley.com/doi/10.1002/cpp.1946/abstract

**Interpersonal Subtypes and Therapy Response in Patients Treated for Posttraumatic Stress Disorder.**

König, J., Onnen, M., Karl, R., Rosner, R., and Butollo, W.

Clinical Psychology & Psychotherapy
Volume 23, Issue 2, pages 97–106, March/April 2016
DOI: 10.1002/cpp.1946

Interpersonal traits may influence psychotherapy success. One way of conceptualizing such traits is the interpersonal circumplex model. In this study, we analyse interpersonal circumplex data, assessed with the Inventory of Interpersonal Problems (Horowitz, Strauß, & Kordy, 1994) from a randomized study with 138 patients suffering from posttraumatic stress disorder after trauma in adulthood. The study compared cognitive processing therapy and dialogical exposure therapy, a Gestalt-based intervention. We divided the interpersonally heterogeneous sample according to the quadrants of the interpersonal circumplex. The division into quadrants yielded subgroups that did not differ in their general psychological distress, but the cold-submissive quadrant tended to exhibit higher posttraumatic stress disorder symptom severity and interpersonal distress than the other three. There was also a trend for patients in different quadrants to be affected differently by the treatments. Correlation analyses supported these results: in cognitive processing therapy, more dominant patients had more successful therapies, while in dialogical exposure therapy, success was not correlated with interpersonal style. Results indicate that especially patients with cold interpersonal styles profited differentially from the two treatments offered. Dividing samples according to the interpersonal circumplex quadrants seems promising. 

Key Practitioner Message:

- Interpersonal traits may contribute to psychotherapy outcome.
- Dividing the sample according to the quadrants of the interpersonal circumplex, as opposed to cluster analysis, yielded promising results.
- Patients higher in dominance fared better with cognitive processing therapy, while interpersonal style had no correlations with therapy success in dialogical exposure therapy.

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http://onlinelibrary.wiley.com/doi/10.1002/cpp.1944/abstract

**Client and Therapist Attachment Styles and Working Alliance.**

Bucci, S., Seymour-Hyde, A., Harris, A., and Berry, K.

Clinical Psychology & Psychotherapy
Volume 23, Issue 2, pages 155–165, March/April 2016
DOI: 10.1002/cpp.1944

Working alliance has been shown to be important in influencing the outcome of therapy. Research evidence suggests that characteristics of both clients and therapists impact on the development of the working alliance. Although attachment theory is well researched, there is relatively limited research on the relationship between both therapist and client attachment style and the working alliance; traditionally, research has placed greater emphasis on client characteristics. The current study examines the extent to which both client and therapist self-reported attachment styles are related to the working alliance. Thirty clients and 42 therapists were recruited from primary care psychology services. Thirty client–therapist dyads were examined. Participants completed self-report measures of anxiety and depression, attachment style and working alliance at a single time point. Client and therapist attachment security were not independently related to working alliance. However, there was a significant association between therapist insecure attachment and alliance in more symptomatic clients. There was also some evidence that therapists and clients with oppositional attachment styles reported more favourable alliances. The study suggests that the relationship between therapist attachment style and alliance is not straightforward. It is likely that the complexity of clients' presenting problems, coupled with interaction between client–therapist attachment styles, influences the therapeutic alliance.

Key Practitioner Message

- Therapist insecure attachment may negatively affect the therapeutic alliance in more symptomatic clients.
- It is important to consider the interaction between client and therapist attachment and how these interactions influence the therapeutic alliance.
- Therapists should be aware of their own personal attachment style and reflect on how this might manifest during the therapeutic process.

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http://www.journalsleep.org/ViewAbstract.aspx?pid=30537

**Prevalence and Predictors of Prescription Sleep Aid Use among Individuals with DSM-5 Insomnia: The Role of Hyperarousal.**

Pillai V, Cheng P, Kalmbach DA, Roehrs T, Roth T, Drake CL.

SLEEP
2016;39(4):825–832
http://dx.doi.org/10.5665/sleep.5636

Study Objectives:
Despite mounting evidence for the overuse of prescription sleep aids (PSA), reliable data on PSA use among insomniacs are unavailable. Current studies focus on trends in PSA use at the general population level, and thus do not distinguish between transient sleep disturbance and insomnia disorder. Therefore, we prospectively examined the prevalence and predictors of baseline and chronic PSA use in a well-defined sample of individuals with insomnia.

Methods:
We analyzed longitudinal data from an urban, community-based cohort of 649 adults (48.1 ± 11.6 y; 69.3% female) with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)–based insomnia disorder. Participants completed standardized measures of sleep disturbance, daytime alertness, depression, and anxiety at baseline and follow-up 1 y later. They also reported whether and with what frequency they used PSA at both time points.

Results:
Approximately 19% of the sample used PSA at baseline, the majority (69.4%) of whom continued use 1 y later. Anxiety and daytime alertness were the only independent predictors of both acute and chronic PSA use. An increase of 1 standard deviation (SD) in alertness was associated with a 33% increase in the odds of chronic PSA use ($\chi 2 = 4.98$; odds ratio [OR] = 1.33; 95% confidence interval [CI]: 1.04–1.72; $P < 0.05$), and a 1-SD increase in anxiety was associated with a 41% increase ($\chi 2 = 6.95$; OR = 1.41; 95% CI: 1.09–1.82; $P < 0.05$). Chronic PSA users did not report any significant improvements in sleep from baseline to follow-up relative to nonusers.

Conclusions:
Hyperarousal, as indexed by daytime alertness and anxiety, is a strong determinant of PSA use among individuals with insomnia. These findings are consistent with emerging data showing that insomnia is not just a nocturnal sleep disorder, but one characterized by 24-h arousal. Though current research targets sleep disturbance, this study highlights the role of the arousal system in pharmacological treatment seeking.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500220?journalCode=ps

**Comparative Effectiveness of a Burnout Reduction Intervention for Behavioral Health Providers.**

Angela L. Rollins, Ph.D., Marina Kukla, Ph.D., Gary Morse, Ph.D., Louanne Davis, Psy.D., Michael Leiter, Ph.D., Maria Monroe-DeVita, Ph.D., Mindy E. Flanagan, Ph.D., Alissa Russ, Ph.D., Sara Wasmuth, Ph.D., Johanne Eliacin, Ph.D., Linda Collins, B.A., Michelle P. Salyers, Ph.D.

Psychiatric Services
Accepted: December 18, 2015
http://dx.doi.org/10.1176/appi.ps.201500220

Objectives:
Prior research found preliminary effectiveness for Burnout Reduction: Enhanced Awareness, Tools, Handouts, and Education (BREATHE), a daylong workshop for reducing burnout among behavioral health providers. Using a longer follow-up compared with prior research, this study compared the effectiveness of BREATHE and a control condition.

Methods:
Behavioral health providers (N=145) from three U.S. Department of Veterans Affairs facilities and two social service agencies were randomly assigned to BREATHE or person-centered treatment planning. Burnout and other outcomes were compared across groups over time.

Results:
Analyses yielded no significant differences between groups. However, BREATHE participants showed small but statistically significant improvements in cynicism (six weeks) and in emotional exhaustion and positive expectations for clients (six months). Participants in the control condition showed no significant changes over time.

Conclusions:
Although it did not demonstrate comparative effectiveness versus a control condition, BREATHE could be strengthened and targeted toward both distressed providers and their organizations.

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http://psycnet.apa.org/journals/pro/47/2/130/

**The influence of training and experience on mental health practitioners' comfort working with suicidal individuals.**

Jahn, Danielle R.; Quinnett, Paul; Ries, Richard

Professional Psychology: Research and Practice
Vol 47(2), Apr 2016, 130-138
http://dx.doi.org/10.1037/pro0000070

Suicide risk is a common issue that arises during the course of mental health treatment, and death by suicide can occur while receiving treatment. Patient death by suicide is the number one fear reported by mental health practitioners. To identify what may contribute to this fear, we sought to examine relations between suicide-focused training, professional experience, fear of suicide-related outcomes, comfort with and skills in working with suicidal patients, and

knowledge of suicide risk and protective factors. The sample included 289 primarily masters- or doctoral-level mental health practitioners from a wide array of backgrounds. Multivariate analyses of variance and correlations indicated that practitioners who felt their training was sufficient endorsed significantly lower fear of patient death by suicide and significantly greater comfort and skills in working with suicidal patients, as well as greater knowledge of suicide risk and protective factors. Practitioners who worked with suicidal patients reported more knowledge of suicide risk and protective factors but did not report significantly different fear of patient death by suicide or patient suicide attempt than practitioners who did not work with suicidal patients. These results suggest that suicide-focused training may be critical to reducing practitioner fear of negative suicide-related outcomes and increasing comfort working with suicidal individuals. Providing such training may improve practitioners' knowledge and skills, enhancing clinical outcomes. 

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http://digitalcommons.hsc.unt.edu/rad/RAD16/Neuroscience/4/

**Examining Active Theater and Clinical Outcomes as Indicators of mild TBI in Post-Deployed Veterans vs. Civilians at No-Risk for mild TBI: A Longitudinal Evaluation.**

Vicki A. Nejtek PhD, Deepika Talari M.P.H, Sid O'Bryant Ph.D.

University of North Texas
Research Appreciation Day 2016

Purpose:
Of the ~300,000 veterans who experience mild TBI, 40% have 'residual' neuropsychological symptoms lasting 3-months or longer – a timeframe considerably longer than the gold standard for diagnosing mild TBI in the post-deployed condition. Failure to recognize residual symptoms as a consequence of mild TBI in veterans is common as these symptoms are often misattributed to posttraumatic stress disorder (PTSD). Determining risks for mild TBI retrospectively is understudied. Here, we examined active theater and clinical indices as retrospective risk indicators for mild TBI in post-deployed veterans compared to civilians. Hypotheses: Veterans at-risk for mild TBI will have poorer depression, anxiety, and quality of life outcomes than civilians with no risk. Risks for mild TBI in veterans will be influenced by military experiences and clinical indices.

Methods:
Longitudinal data from 182 veterans and 74 civilian clients (n=256) receiving cognitive behavioral therapy (CBT) at Recovery Resource Council from 2013-2015 were analyzed. Descriptive statistics, frequency distributions, ANOVA and regression modeling, were used to test the hypotheses using a 95% confidence level and an alpha level of 0.05 to determine statistical significance.

Results:
Depression, anxiety, and quality of life scores measured before, after 6- and 12- sessions of CBT were significantly worse in veterans compared to civilians. Active theater and clinical indices predicted risks for mild TBI. 74 civilians and 52 veterans had no-risk for mild TBI (n=126) and 130 veterans were at-risk for mild TBI. Veterans at-risk for mild TBI had significantly higher depression and anxiety scores and lower quality of life scores than the no-risk group measured before, after 6- and 12-sessions of CBT. Risks for mild TBI predicted PTSD severity, depression, anxiety, and quality of life scores at all three time points.

Conclusion:
Active theater and clinical indices identified veterans at-risk for mild TBI. Even with 12-sessions of CBT, veterans at-risk for mild TBI had poorer depression, anxiety, and quality of life scores than those with no-risk. These outcomes indicate that mild TBI presents with long-lasting psychological symptoms beyond a 3-months timeframe that do not fully resolve with CBT. Veterans returning from active theater should receive a thorough neuropsychological evaluation to differentiate mild TBI from PTSD in order to receive proper treatment.

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**Links of Interest**

Military children use website to cope with stress, connect with each other
http://www.health.mil/News/Articles/2016/04/01/Military-children-use-website-to-cope-with-stress-connect-with-each-other

Mindfulness Training May Ease PTSD
https://www.nlm.nih.gov/medlineplus/news/fullstory_158106.html

New recommendations link better sleep to improved concussion outcomes
https://www.sciencedaily.com/releases/2016/03/160331110142.htm

Transgender veterans have high rates of mental health problems
https://www.sciencedaily.com/releases/2016/04/160401130628.htm

Forensic examiners volunteer heart, soul to help sexual assault victims
http://www.army.mil/article/165057/Forensic_examiners_volunteer_heart__soul_to_help_sexual_assault_victims/

Military veterans swamped with legal woes find big relief
http://www.tampabay.com/news/military/veterans/military-veterans-swamped-with-legal-woes-find-big-relief/2271687

Blueberries may offer benefits for post-traumatic stress disorder
https://www.sciencedaily.com/releases/2016/04/160405175653.htm

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**Resource of the Week -- Essential Skills Veterans Gain During Professional Military Training: A Resource for Veterans and Transitioning Service Members** (RAND Corporation)

> This reference card helps veterans and military personnel translate the nontechnical skills they learned in the services into language that civilian employers can understand. It identifies skills learned in specific courses taken by military personnel, gives examples of how to convey this expertise to potential employers, and directs veterans to further employment resources. This tool for veterans is derived from research found in What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Veterans Communicate to Private-Sector Employers About the Nontechnical Skills Taught in the Military by Chaitra M. Hardison, Michael G. Shanley, Anna Rosefsky Saavedra, James C. Crowley, Jonathan P. Wong, and Paul S. Steinberg.

**Use this card to translate your military training into civilian skills.**

**WARRIORS IN THE WORKFORCE**
A RESOURCE FOR VETERANS AND TRANSITIONING SERVICE MEMBERS

# Essential Skills Service Members Gain
## DURING PROFESSIONAL MILITARY TRAINING

**During your military career, you and other veterans and service members gained something many civilians lack**—extensive, full-time training in not only technical specialties but also essential nontechnical skills, such as leadership, decisionmaking, persistence, and communication, that employers value and seek out. But communicating these skills to potential employers can be so different. This guide identifies many essential skills that enlisted members from the Army and Marine Corps combat arms occupations[1] are trained in. This knowledge will help you review job postings, enhance your résumé, and put your best foot forward in interviews.

The table below maps your training courses to 14 key skills that employers want and need. But it isn't enough to claim that you have these skills; you have to explain how you earned them. In this guide, you will find examples of how to convey your experience to employers, an overview of each course, answers to commonly asked questions, and web addresses for in-depth materials, including skills descriptions.

### COURSES TAUGHT TO COMBAT ARMS SERVICE MEMBERS, AND WHAT THEY MEAN FOR YOU

● = a key skill taught in the course
● = a key skill taught in a previous course

| COMPARABLE CIVILIAN EXPERIENCE LEVEL | Entry-Level | Midlevel | Mid- to Senior-Level | Senior-Level | Entry-Level | Midlevel | Mid- to Senior-Level | Senior-Level | Senior-Level |
|---|---|---|---|---|---|---|---|---|---|
| | ARMY COURSES | | | | MARINE CORPS COURSES | | | | |
| | Basic Combat Training | Basic Leader Course | Advanced Leader Course | Senior Leader Course | Recruit Training | Corporals Course** | Sergeants Course** | Career Course** | Advanced Course** |
| MILITARY RANK | E-1 to E-2 | E-4 to E-5 | E-5 to E-6 | E-6 to E-7 | E-1 to E-2 | E-4 | E-5 | E-6 | E-7 |
| **Handling work stress** | ● | ○ | ○ | ○ | * | * | * | * | * |
| **Being dependable and reliable** | ● | ○ | ○ | ○ | * | * | * | * | * |
| **Persistence** | ● | ○ | ○ | ○ | * | * | * | * | * |
| **Conscientiousness and attention to detail** | ● | ○ | ○ | ○ | * | * | * | * | * |
| **Interpersonal skills** | ● | ● | ○ | ○ | * | * | * | * | * |
| **Teamwork and team-building** | ● | ● | ● | ● | * | ● | ○ | ○ | ○ |
| **Leading, motivating, and inspiring others** | | ● | ○ | ○ | | ● | ● | ● | ○ |
| **Oral communication** | | ● | ● | ● | | | ● | ● | ○ |
| **Decisionmaking/decisiveness** | | ● | ○ | ● | | | ● | ● | ● |
| **Training others** | | ● | ○ | ● | | | ● | ○ | ● |
| **Managing and supervising the work of others** | | ● | ● | ● | | | | | |
| **Critical thinking** | | | | ● | | ● | ● | ● | ○ |
| **Written communication** | | | | | | | ● | ● | ○ |
| **Project planning** | | | | ● | | | | | |

NOTES: Some skill differences between the Army and the Marine Corps may be more apparent than real. For example, Army instructors tended to describe courses as addressing management and supervision, whereas Marine Corps instructors tended to describe them as addressing leadership and mentoring. All are important elements of what many consider simply "leadership." Basic Leader Course is formerly known as Warrior Leader Course and also Primary Leadership Development Course (PLDC); Advanced Leader Course is formerly known as Basic Noncommissioned Officers Course (BNCOC); Senior Leader Course is formerly known as Advanced Noncommissioned Officers Course (ANCOC)

[1] This resource was developed first for the Army and Marine Corps combat arms occupations, but the concepts can be applied to other careers and services. Future similar resources could be produced for other military occupations, including occupations in the Air Force and Navy.

* Marine Corps Recruit Training course materials were not available for analysis. However, students in that course likely learn skills similar to those taught in Army Basic Combat Training.

** Taken by a subset of personnel. Not completed by all Marines.

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